‘DECAF BY DEFAULT’ AND ITS WIDER IMPACT: FALLS, CONTINENCE AND CARE ENVIRONMENTS

Background

Caffeine consumption can be detrimental to patient safety and care. Caffeine is a stimulant which increases activity in your brain and nervous system, causing bladder symptoms such as urinary urgency – which can lead to falls. Increasing non-caffeinated fluid intake can improve hydration, enhance recovery and increase wellbeing. Whilst NICE Guidance (2019) recommends reducing caffeine intake, caffeinated hot drinks are routinely the default for patients in our care. In 2021, University Hospitals of Leicester NHS Trust (UHL) launched ‘Taste the Difference Challenge’ project, introducing patients to the benefits of decaffeinated hot drinks as standard, resulting in a 30% reduction in toileting-related falls. When the Enhanced Care for Older People (EnCOP) team at Northumbria Healthcare NHS Foundation Trust reviewed data showing that 25% of patient falls were related to toileting—with ward staff identifying barriers to providing decaffeinated drinks—they reached out to the Continence Service. Together, in collaboration with UHL, they adapted and implemented a successful approach to address these issues.

Step 1: Engage and Involve

A key lesson from the UHL project was the importance of engaging and involving staff, patients, and carers to truly empower frontline teams and improve the patient experience. With strong support from senior nursing leadership, Northumbria established an informal multidisciplinary community to guide the **‘Go Decaf!’ Quality Improvement Project**. This group included representatives from continence, falls prevention, pharmacy, mental health, and medical teams. Crucially, the project prioritised maintaining patient choice and ensuring informed consent.

Step 2: Define and Measure

A review of Datix Slips, Trips and Falls showed that more than a quarter of inpatient falls in a month related to toileting. The majority on Care of the Elderly wards.

Key measures of success were **reduction in toileting related falls**, **improved staff understanding** and advocacy of the benefits of decaffeinated drinks, preservation of **patient autonomy and choice** and creating positive **experience**, **improved sleep** and **reduced agitation**.

Step 3: Ideas for Change

Approved by the Trust’s Nutrition and Hydration Panel and steering group, Northumbria took a Plan-Do-Study-Act approach to ‘Go Decaf’. Since March 2024, There have been two PSDA cycles.

Cycle #1: **Six sites trialled ‘Decaf by Default’ for three months** covering Trauma and Orthopaedics, Emergency Department, Elderly Rehabilitation, General Medicine, Community Hospital, and a Care Home. Cycle #2: **expanded to 14 sites for an additional three months**, including all Care of the Elderly inpatient wards.

Sites received **face-to-face support**, an information pack and education from either EnCOP or the Continence team. This mirrors UHL resources and explained benefits and risks of caffeine withdrawal, need for **personalised care** and reinforced **shared decision making**.

To ensure staff engagement and patient voice Northumbria replicated UHL’s ‘**Taste the Difference’ challenge** where from 699 surveys, 50% reported no taste difference, and 76% preferred decaf when informed of health benefits.

This was comparable at Northumbria, where **85% responders said they would switch to decaffeinated** when they knew the benefits.

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Step 4: Results

In 2021, UHL saw a 30% reduction in toileting-related falls, with **63% of patients with overactive bladder reporting symptom improvement** after switching to decaffeinated hot drinks. With a strong caveat, as there are many uncontrolled variables and factors, the Northumbria findings show:

- Toileting-related falls **decreased by about 20%,** with seven wards achieving reductions over 50%
- **No material difference between day and night reduction**, or **correlation between ward ‘type’**
- During Cycle 1 and 2, 19-21% of total inpatient falls reported via Datix at were toileting-related, **in the pilot sites this figure decreased to 11-15%.**
- **20% reduction in Care Home overnight pad use**

To reduce burden, staff were not asked to record any extra data around changes in patient behaviours or sleep. However, qualitative feedback post implementation captured observations on improvements with both sleep and reduced agitation.

- All Ward and Home Managers (n12) **planned to continue with decaf** by default and reported only positive / neutral responses from patients and carers
- **Three quarters of managers observed improvements such as calmer patients, better sleep, reduced agitation**, with two-thirds reported positive changes to patient safety,

“The ward generally feels calmer patients are less agitated. We have had less toileting related falls since changing to decaffeinated drinks. Some of the staff have also moved to decaffeinated drinks”.

“We noticed a significant reduction in falls from admission once starting the decaf, including where the falls are. We have also noticed a reduction in incontinence during the night improving skin integrity and sleep.”

Step 5: Sustain, Share, Celebrate

This initiative suggests switching to decaffeinated drinks as the default can **significantly improve patient safety, continence, and care experience**. Sustainability has been ensured through ongoing engagement, including plans to promote decaffeinated options via community nursing teams, care homes, and intermediate care units.

University Hospitals of Leicester NHS Trust were the trailblazers across hospitals and care homes, and exceptional in sharing their learning and resources. Building on this ethos, Northumbria has actively contributed to the wider spread of this work, with **over twenty NHS Trusts reaching out to understand and adopt the approach**.

Trusts across North-East England have shown a strong commitment to creating a consistent, region-wide strategy—sharing data, learning from each other’s innovations, and driving collective improvement. This shared ambition highlights the power of collaboration in delivering sustainable, person-centred change across the health and care system.